



**Congressman Markwayne Mullin  
Second District of Oklahoma  
Privacy Release and Information Form**

*In keeping with the restrictions of the Privacy Act of 1974, I hereby authorize Congressman Mullin and/ or his representative to request information from agencies or departments on my behalf. This release does not constitute a power of attorney.*

**Please complete the following:**

**I am having a problem or difficulty with:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City / State/ Zip** \_\_\_\_\_

**Telephone**      **Home** \_\_\_\_\_ **Work** \_\_\_\_\_

**Cell** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Email** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

**Explanation of Problems (Attach any relevant information):**

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Have you contacted another Congressional or Senate office? \_\_\_\_\_ If yes, whom \_\_\_\_\_

*If release of information on your case to another party or your attorney is authorized, please specify:*

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*I hereby authorize the Office of Congressman Mullin, and authorize Congressman Mullin and his staff to work on my behalf with any federal agency relevant to the matter described above, to receive any information contained in my file and, if necessary, to forward any pertinent correspondence sent by me regarding this matter.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*If signed with a mark:* **Witnessed by:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please provide more information on the next page**

Complete **ONLY** the sections that apply to your request for assistance.

**Social Security**

Current level of claim:

( ☐ ) New Claim ( ☐ ) Reconsideration ( ☐ ) Hearing ( ☐ ) Appeals Council ( ☐ ) Federal Court

**Immigration:**

Beneficiary  
name \_\_\_\_\_

Address \_\_\_\_\_

A-Number \_\_\_\_\_ Receipt number \_\_\_\_\_

Date of Application \_\_\_\_\_ Form number \_\_\_\_\_

**IRS (Tax Problem)**

Type of tax (income, employment, etc) \_\_\_\_\_

Tax years \_\_\_\_\_ Tax Form \_\_\_\_\_

If this for a business: Company Name \_\_\_\_\_

EIN # \_\_\_\_\_ Your relationship to the business \_\_\_\_\_

OFFICE USE ONLY: I give TAS permission to contact the constituent directly regarding this inquiry \_\_\_\_\_  
TAS can leave information via VMS with the Congressional office on a secure line \_\_\_\_\_

**Medicare or Office of Workers' Compensation**

Medicare # \_\_\_\_\_ OWCP # \_\_\_\_\_

**Veterans and / or Military**

VA Case file # \_\_\_\_\_ Branch of Service \_\_\_\_\_ Rank/ Grade \_\_\_\_\_

Dates of Service \_\_\_\_\_ Duty Station \_\_\_\_\_

**Passport**

Date of Application \_\_\_\_\_ Date of Travel \_\_\_\_\_ Application # \_\_\_\_\_

Destination \_\_\_\_\_ Expedite paid: Y N (circle one)

**Return to:**

Congressman Markwayne Mullin  
3109 Azalea Park Drive  
Muskogee, OK 74501

Congressman Markwayne Mullin  
1E Choctaw, Suite 175  
McAlester, OK 74501

Congressman Markwayne Mullin  
200 S. Lynn Riggs Blvd  
Claremore, OK 74017

Phone: 918-687-2533 Fax: 918-686-0128 Phone: 918-423-5951 Fax: 918-423-1940 Phone: 918-283-6262 Fax: 918-923-6451